

**INFLUENZA VACCINATION CONSENT FORM 2014**

Please Print Your Name Below:

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Last Name	First Name	Middle Initial	Fermilab ID	
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	Yes	No
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Are you 18 years old or older?	___	___
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Have you ever had an allergic reaction to a previous influenza vaccination?	___	___
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Do you have an allergy to eggs, or to latex?	___	___
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Have you ever been diagnosed with Gullain-Barre Syndrome?	___	___
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Do you have a fever, illness, or active infection?	___	___
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Do you have an active neurological disorder?	___	___
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Do you have a known or suspected pregnancy, or are you nursing?	___	___
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(Written consent from your prenatal MD is required to have the vaccine if you are pregnant, from pediatrician if you are nursing.)

I have read or have had explained to me the influenza vaccine information statement (2014 – 2015). I have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me.

\_\_\_\_\_ Date \_\_\_\_\_

Signature

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Date vaccinated: \_\_\_\_\_

Manufacture: Novartis                      Lot Number:      011011A                      Exp. Date: March, 2015

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Site of Injection: Deltoid      \_\_Right    \_\_Left

Signature of medical personal: \_\_\_\_\_